# Conrad 30 J-1 Visa Waiver Program Responsibilities & Rights

It is the intent of the Primary Care Office (PCO) that all Sponsors/Employers and Physicians participating in the Nevada Conrad 30/J-1 Visa Waiver Program are aware of and understand their Responsibilities and Rights.

When you have completed this slide presentation, please follow the instructions on slide 38. This will provide confirmation that the Responsibilities and Rights have been read and understood.

# Conrad 30 J-1 Visa Waiver Program Responsibilities & Rights

The Nevada Conrad 30/J-1 Physician Visa Waiver program is housed in the Nevada Primary Care Office (PCO) of the Nevada State Health Division (NVHD).

The Primary Care Advisory Council (PCAC) reviews all program applications and provides advisory recommendations to the Administrator of the Health Division through the Bureau of Health Planning and Statistics.

I am Responsible for recognizing the value of my Sponsor's offer of employment.

An offer of employment is a serious commitment, with immediate and long term financial implications. The employer is also committing an investment of time and administrative assistance to support a medical practice.

Acceptance of the offer of employment is an acknowledgement of this value.

I am Responsible for asking for clarification on any contract terms I do not understand.

Contract language can be complex and confusing for anyone who is not an attorney.

BEFORE SIGNING a contract, ask about anything you don't understand. Any employment expectations regarding hours worked vs. hospital rounds and/or on-call requirements must be specified in the contract.

The PCO recommends the physician have someone with contract expertise review the contract with them.

I am Responsible for practice performance that justifies my Sponsor's level of investment.

Productivity, such as the number of patients seen each day, is one measure of performance. The physician and employer should discuss marketing and scheduling to optimize productivity. The physician, sponsor and other professionals in the practice should work together to provide consistent, quality care, which insures continuity of care for their patients. This includes establishing a clear process and plan for coverage of patients outside regular clinic hours.

I am Responsible to my Employer to request approval for any outside employment and gain appropriate work authorization.

Moonlighting or working for another employer must have prior and ongoing approval by the sponsor, because outside employment cannot be allowed to conflict with your primary job.

I am Responsible to report additional or outside employment to the Primary Care Office (PCO).

Any additional or outside employment in which the physician engages must be stipulated in the original contract or added to a new contract and must be resigned by all parties and resubmitted to the PCO for review to determine ongoing Nevada waiver eligibility.

Additional employment may require USCIS approval &/or an additional Visa.

Please consult an immigration attorney before committing to additional employment.

I have a Right to be compensated as agreed to in the employment contract.

The contracted salary is part of the agreement that supported the waiver recommendation. If you sign a new contract, it may not meet the <u>requirements</u> for the waiver. Either the new or original contract may also limit your right to ask for a higher salary. As stated in the prior slide, any new contract must be resigned by all parties and resubmitted to the PCO for review to determine ongoing Nevada waiver eligibility.

I am Responsible for treating every patient, staff member and affiliate with the utmost respect and dignity without regard to race, gender, sexual preference, financial status, education, ethnicity, or religion.

Understanding the culture, experience, and background of the patients, peers, co-workers, and community is important for a successful practice of medicine in the obligated position and beyond to future practice opportunities. Non-discrimination is the law in the United States and Nevada.

I am Responsible to treat all clients regardless of their ability to pay, to accept Nevada Medicaid, Nevada Check-Up, and Medicare patients on assignment, and use a sliding fee scale, or payment schedule for low-income, uninsured individuals.

Providing quality care to underserved Nevadans is the objective of the Conrad 30 Program. Accepting Medicaid, Medicare, Nevada Check-Up and utilizing a sliding fee scale to low income individuals is a requirement in Nevada for Conrad 30/J-1 Visa Waiver Physicians.

I am Responsible for behaving in a professional manner.

Expectations for a good work ethic and attention to professional standards, such as charting and documenting services you provide are not negotiable. Meet with your employer and peers regularly and join physician associations to further continuing education and to meet expectations.

I am Responsible for recognizing that my conduct is a reflection of the practice and to act in a manner that provides a positive reflection.

Be mindful of how your behavior is viewed by others in your community. Be sure that your family knows they are seen as an extension of you and the practice with which you will be associated.

I have a Right to be treated equal to my peers.

Your obligation doesn't make you an "indentured servant."

Negotiate with your employer to ensure fair and equal treatment regarding physician duties, including call coverage; evening, weekend and holiday shifts; educational and personal leave, etc.

Remember also that initially the newest doctor may get the least choice in schedules or duties, but over time there should be more balance and equability.

I am Responsible to obtain, within 60 days of starting work, an individual National Provider Identifier (NPI) from the Centers for Medicare and Medicaid Services (CMS).

The Physician's NPI must be used on all health care claims.

I have a Right to expect all billings submitted for my services will be lawful and correct.

Ask questions!

Ask to verify billings submitted under your NPI number and license. You can be liable for any errors or unlawful claim submissions.

I have a Responsibility to report practices that do not meet the standards of care as established by the Nevada State Board of Medical Examiners.

NRS 41A.009 "Medical malpractice" defined means the failure of a physician, hospital, or employee of a hospital, in rendering services, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

I have a Right to regular performance meetings to insure that I am meeting expectations or have a plan to do so.

Meet regularly with your employer and other key staff (i.e. Director of Nursing, Practice Manager, Department Chair, etc.) to be sure that any problems are addressed. This will also let you know whether your performance is on track with your employer's expectations.

I have a Right to discuss my situation with legal or government professionals if necessary.

If issues with your contract or employment concern you, our office can talk with you and advise you about possible solutions. Understand that the PCO does not have the authority to mediate between employer and employees participating in the Nevada Conrad 30/J-1 Physician Visa Waiver program, or to enforce labor standards.

Further, the PCO assumes no responsibility for negotiations or content of employment contracts or for termination of the contracts and encourages the inclusion of "dispute mediation" in your contract.

I have a Right to leave the practice with no repercussions after my obligation is complete.

Be sure that you have been open with your employer about your future plans. If you successfully complete your three-year obligation and the contract terms, you should have a wider range of employment options. Be aware of any non-solicitation clauses in your contract and abide by them.

Also, be aware of all immigration regulations and opportunities. For example, getting a "green card" or permanent residency through a National Interest Waiver will require employment that meets USCIS requirements.

I am Responsible for fair and equitable treatment, without regard to Visa status, race, gender, education, ethnicity or religion.

Non-discrimination is the law in the United States, and Nevada also expects respect for diversity.

I am Responsible for timely salary payment as agreed in the employment contract.

Timely salary payments, as defined in the contract, are expected from employers. The contracted salary must be competitive for the type of medical services provided in the geographic area.

I am Responsible for upholding all other terms of the contract.

Any re-negotiations must meet all of Nevada's Conrad 30/J-1 Visa Waiver Requirements.

Any subsequent contract offered during the obligation period must be approved by the Nevada PCO. Your ability to employ a waiver physician in the future could be put in jeopardy if waiver requirements are not met.

I am Responsible for allowing the PCO to monitor and validate my compliance with State J-1 Visa Waiver Program requirements and employment contract.

Internal PCO monitoring may include analyzing Medicaid billing data and external monitoring may include unannounced or announced site visits.

I am Responsible for clearly stating my performance expectations and providing assistance for reaching these goals.

Meeting regularly with the physician and providing feedback, guidance and training can help you reach your goal, and help to identify and address potential problems early.

I am Responsible for setting the example of professionalism to which I hold others.

Professional standards are learned and setting the example can go a long way in establishing and maintaining a professional practice.

I am Responsible for assuring transparent and legal billings on behalf of my clinic and employees.

No explanation necessary.

Complaints related to this responsibility will be reported to the Nevada Attorney General Office.

I have the Right to expect compliance with contracted service and benefits.

Spelling out work schedules and benefits such as leave and insurance in the contract should clearly state your intentions. These should be the same as benefits available to other physicians in the practice.

I have the Right to be notified of, review, and approve any outside employment.

Moonlighting could conflict with your expectations of the physician.

You have the right to approve or deny any outside work. It is the physician's responsibility to gain work authorization for any outside employment. Do not subcontract the physician's services beyond the Conrad 30 contracted agreement.

I have the Right to be respected for my agreement to employ this physician.

Your investment of time, space, legal costs, or any other financial or non-financial resources should be understood and respected by the physician. Sharing information about practice management costs may help make it clear that the sponsorship must also be a good business decision on your part.

I have the Right to be consulted over any decisions that may impact my role as an employer.

Major decisions on the part of the physician, such as staying or leaving upon completion of the program obligation, should be made known in a timely manner. Open communication is key, especially as it relates to what happens after the contractual obligation between the employer and physician has been met.

I have a Responsibility to report all changes to the Physician's work schedule or practice site to the PCO.

Schedule changes include, but are not limited to, a temporary assignment to another practice site, a decrease in hours at the practice site, and an increase of call time requirement, which will be in effect longer than 3 weeks.

A <u>Verification/Change of Status form</u> must be completed and submitted to the PCO 30 days prior to the physician's transfer from the approved practice site.

The PCO reserves the right to approve or disapprove any transfer.

I have the Right to discuss financial implications of the physician's workload or professional behavior.

Open communication about the business and practice performance should be incorporated in the professional performance evaluation of the physician.

This should be a regular and on going process during the three-year obligation.

I have the Right to expect professional behavior and appropriate conduct on the part of the sponsored employee.

The physician's behavior and conduct are a reflection of your practice, and you have the right to expect positive and professional conduct from the physician.

You are responsible to notify the PCO by email, within 30 days of disciplinary action and/or termination.

In the event of any emergency termination due to extreme circumstances affecting the health or safety of a client or other individual, the PCO must be notified no later than 24 hours after the emergency termination.

The Nevada State Board of Medical Examiners may need to be contacted also, depending on the circumstances of the terminable event.

Both Physician and Sponsor have a Responsibility to confirm that the Physician is providing a minimum of 40 hours a week of primary or specialty care at a site(s) located in an underserved area.

Physician and Employer Confirmation Forms must be submitted to the PCO every April and October.

Both Physician and Sponsor have a Responsibility to complete an annual survey. Your responses are anonymous and will be utilized to calculate the anticipated physician retention numbers for the program and guide the PCO in improving physician recruitment efforts in Nevada.

You can send your comments and complaints directly to program staff by going to the <a href="Physician & Employer Comments & Complaints">Physician & Employer Comments & Complaints</a> form.

All information and required forms regarding the Nevada Conrad 30/J-1 Physician Visa Waiver can be found at the Nevada PCO website.

Please send an e-mail to: bheywood@health.nv.gov as a verification that you have read and understand the information in this presentation. Please provide your full name. If you are a Sponsor, also include your company name. If you are a J-1 Visa Waiver Physician, also include your Sponsor's company name.